

INSPECTOR GENERAL						REPORT CONTROL SYMBOL					
PERSONAL AND FRAUD, WASTE & ABUSE COMPLAINT REGISTRATION											
AUTHORITY: 10 U.S.C. 8013, 44 U.S.C. 3101 and EO 9397 PRINCIPAL PURPOSE(S): To register a personal complaint relating to individual injustices or suspected Fraud, Waste and Abuse. ROUTINE USE(S): Data provided are furnished to supervisors, commanders or inspectors in response to queries for resolution of complaints and to eliminate conditions considered detrimental to the efficiency or reputation of the Air Force . DISCLOSURE: Disclosure of your SSN is voluntary. Failure to provide the information will not adversely affect the resolution of your complaint but may delay the investigating officer in resolving the issue.											
SECTION I - TO BE COMPLETED BY COMPLAINANT											
NAME (Last, First, Middle initial)					YES	NO					
					<input type="checkbox"/>	<input type="checkbox"/>					
GRADE		RACE		SEX		<input type="checkbox"/> HAVE YOU ASKED YOUR IMMEDIATE COMMANDER FOR ASSISTANCE WITH THIS PROBLEM?					
SOCIAL SECURITY NO.					NAMES AND/OR POSITIONS OF WITNESSES (Or others having knowledge of your allegations.)						
ADDRESS (Where response to this complaint will be sent.)											
HOME TELEPHONE NO.										WORK TELEPHONE NO. (DSN)	
DESCRIPTION OF ALLEGATIONS (Please number each allegation and include who, what, where, when, and how. Continue on reverse)											
<i>I fully understand that I am accountable for knowingly making untruthful, malicious, libelous or slanderous statements.</i>											
SIGNATURE OF COMPLAINANT							DATE				
SECTION II - TO BE COMPLETED BY INSPECTOR GENERAL STAFF											
FILE REFERENCE NUMBER			INITIALS		OFFICE SYMBOL			TELEPHONE NO. (DSN)			
DATE OPENED		DATE FINALIZED		TOTAL PROCESSING DAYS		NUMBER OF TIMES THIS INDIVIDUAL'S COMPLAINT HAS BEEN ADDRESSED?					
COMPLAINANT STATUS						SPECIAL INTEREST COMPLAINTS					
<input type="checkbox"/> A. ACTIVE DUTY			<input type="checkbox"/> F. AIR FORCE CIVILIAN			<input type="checkbox"/> REPRISAL <input type="checkbox"/> SENIOR OFFICIAL <input type="checkbox"/> EOT					
<input type="checkbox"/> B. AIR FORCE RESERVE			<input type="checkbox"/> G. DEPENDENT/RELATIVE			<input type="checkbox"/> COLONEL <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> FWA					
<input type="checkbox"/> C. AIR NATIONAL GUARD			<input type="checkbox"/> H. CIVILIAN			GRIEVANCE CHANNEL					
<input type="checkbox"/> D. CADET			<input type="checkbox"/> I. OTHER SERVICE			<input type="checkbox"/> IG <input type="checkbox"/> CONGRESSIONAL <input type="checkbox"/> HIGH LEVEL					
<input type="checkbox"/> E. RETIRED MILITARY			<input type="checkbox"/> J. ANONYMOUS			<input type="checkbox"/> DOD HOTLINE <input type="checkbox"/> AF HOTLINE					
PASCODE OF COMPLAINANT						FIVE MOST SIGNIFICANT ALLEGATIONS					
PASCODE OF SUBJECT											
						COMPLAINT CATEGORY		FINDING CODES		FINDING	
								S = SUBSTANTIATED			
								U = UNSUBSTANTIATED			
								I = INCONCLUSIVE			
						WORK DONE					
AF LEVEL COMPLAINT RECEIVED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAT1 INVEST	<input type="checkbox"/>	ASSIST	<input type="checkbox"/>	REF OUT
AF LEVEL COMPLAINT ANSWERED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CAT2 INVEST	<input type="checkbox"/>	DIR RESP.	<input type="checkbox"/>	OTHER
CORRECTIVE ACTION TAKEN											

